

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Ohio State Medical Association Political Action Committee

ADDRESS (number and street) ▼

3401 Mill Run Dr

☐ Check if different than previously reported. (ACC)

Hilliard

OH

43026-9078

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00003327

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy I. Maglione

Signature of Treasurer

Timothy I. Maglione

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 29 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		210715.57
(b) Cash on Hand at Beginning of Reporting Period.....	219130.82	
(c) Total Receipts (from Line 19)	49264.88	77715.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	268395.70	288430.70
7. Total Disbursements (from Line 31)	29359.13	49394.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	239036.57	239036.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

45644.42

71844.42

(ii) Unitemized

3558.87

5753.87

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

49203.29

77598.29

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

49203.29

77598.29

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

61.59

116.84

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

49264.88

77715.13

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

49264.88

77715.13

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	29359.13	49394.13
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29359.13	49394.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29359.13	49394.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49203.29	77598.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49203.29	77598.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Stannard Baird Pfahl Jr.

Mailing Address 922 Hidden Valley Dr

City

Huron

State

OH

Zip Code

44839-2688

FEC ID number of contributing
federal political committee.

C

Name of Employer

S. Baird Pfahl, MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 01 / 2013

Transaction ID : T57535

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey Bruce Studebaker

Mailing Address 9100 Westbrook Rd

City

Brookville

State

OH

Zip Code

45309-8306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Studebaker Family Practice Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 01 / 2013

Transaction ID : T57533

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Neal James Nesbitt

Mailing Address 9538 State Rte 682

City

Athens

State

OH

Zip Code

45701-9103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neal J Nesbitt MD FACS Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 02 / 2013

Transaction ID : T57509

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Walter James Wielkiewicz

Mailing Address 5180 Heritage Dr

City

Nashport

State

OH

Zip Code

43830-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

PrimeCare Of Southeastern Ohio

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 04 / 2013

Transaction ID : T57580

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. William Herbert Cotton

Mailing Address 27 Keswick Dr

City

New Albany

State

OH

Zip Code

43054-8075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Close To Home Physician Care Center -

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 04 / 2013

Transaction ID : T57543

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. G Patrick Ecklar

Mailing Address 3993 Old Poste Rd

City

Columbus

State

OH

Zip Code

43221-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metro West Internal Medicine

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 04 / 2013

Transaction ID : T57526

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 62
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gregor Kreul Emmert Jr.

Mailing Address 2620 Falmouth Rd

City

Toledo

State

OH

Zip Code

43615-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica Genito-Urinary Surgeons

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

Transaction ID : T57555

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Daniel James Clemens

Mailing Address 1145 Clearview Dr SE

City

New Philadelphia

State

OH

Zip Code

44663-9460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tuscarawas Eye Centre Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

Transaction ID : T57560

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Herman Irwin Abromowitz

Mailing Address 4255 Brookhill Ln

City

Dayton

State

OH

Zip Code

45405-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Herman Abromowitz, MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

Transaction ID : T57547

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 62
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Vincent Mark Gioia

Mailing Address 35 Jenna Way Dr

City State Zip Code
Wheeling WV 26003-5669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Eye Care Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 05 2013

Transaction ID : T57554

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Gary Robert Katz

Mailing Address 7918 Wisteria Ct

City State Zip Code
Dublin OH 43016-8531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Physician Services

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 05 2013

Transaction ID : T57548

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Molly Ann Katz

Mailing Address 2 Burton Woods Ln

City State Zip Code
Cincinnati OH 45229-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Katz & Kade Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 05 2013

Transaction ID : T57545

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Robert Erik Kose

Mailing Address 4015 Albon Rd

City

Monclova

State

OH

Zip Code

43542-9340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pulmonary & Critical Care Specialists

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2013

Transaction ID : T57544

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. John Edward Lloyd

Mailing Address 435 Overlook Dr

City

Lancaster

State

OH

Zip Code

43130-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arbor View Family Medicine Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2013

Transaction ID : T57546

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Sean Thomas McGrath

Mailing Address 1234 Lake Front Blvd

City

North Lima

State

OH

Zip Code

44452-8571

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Points Physical Medicine/P M & R N

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2013

Transaction ID : T57563

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Warren F Muth

Mailing Address 7021 Garrison Ct

City

Dayton

State

OH

Zip Code

45459-3447

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Dayton Surgeons Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2013

Transaction ID : T57565

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Richard Norman Nelson

Mailing Address 262 Alumwood Dr

City

Westerville

State

OH

Zip Code

43081-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSU Department Of Emergency Medicine

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2013

Transaction ID : T57556

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Marvin Horton Rorick III

Mailing Address 8020 Peregrine Ln

City

Cincinnati

State

OH

Zip Code

45243-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverhills Neuroscience Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

04 / 05 / 2013

Transaction ID : T57551

Amount of Each Receipt this Period

750.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. William Charles Sternfeld

Mailing Address 4321 Dovewood Ln

City

Sylvania

State

OH

Zip Code

43560-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Clinic Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 05 / 2013

Transaction ID : T57557

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Sushil Mitter Sethi

Mailing Address 1319 Deer Run Rd

City

Mansfield

State

OH

Zip Code

44906-3480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sushil M Sethi MD FCCP

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57605

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

c. Dr. Robert Harold Small

Mailing Address 4259 Lyon Dr

City

Columbus

State

OH

Zip Code

43220-4429

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSU Department Of Anesthesiology

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57585

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Charles E Smith

Mailing Address 5320 Plain Center Ave NE

City State Zip Code
Canton OH 44714-1166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diabetes & Endocrinology Associates Of

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2013

Transaction ID : T57603

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Smith

Mailing Address 1400 Cambridge Blvd

City State Zip Code
Columbus OH 43212-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State Medical Association

Occupation
Director, Physician Hospital Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2013

Transaction ID : T57595

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Marc S Saunders

Mailing Address 1297 Stonnington Dr

City State Zip Code
Youngstown OH 44505-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marc S Saunders DO FACS

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2013

Transaction ID : T57581

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Larisa Ravitskiy

Mailing Address 5192 Mount Row

City

New Albany

State

OH

Zip Code

43054-9361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Skin Cancer Institute

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57587

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Donald Lee Nofziger

Mailing Address 8038 Witts Mill Ln

City

Cincinnati

State

OH

Zip Code

45255-5730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adam County Pediatric Care

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57614

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Johannes O Olsen

Mailing Address 4645 Stonehaven Dr

City

Columbus

State

OH

Zip Code

43220-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wexner Medical Center

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57584

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Rajiv Ramesh Patel

Mailing Address 220 Loving Ln

City

Wilmington

State

OH

Zip Code

45177-7904

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Central Ohio OBGYN Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2013

Transaction ID : T57623

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Gerald Melville Penn

Mailing Address 2800 Squires Rdg

City

Columbus

State

OH

Zip Code

43220-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Dermatology & Cosmetic Surg

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2013

Transaction ID : T57574

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Brooke Sue Wolf

Mailing Address 3690 Orange Pl Ste 430

City

Beachwood

State

OH

Zip Code

44122-4467

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Coast Mental Health Associates

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2013

Transaction ID : T57615

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 62
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James Peter Sosnowski

Mailing Address 8554 Kelso Dr

City	State	Zip Code
Maineville	OH	45039-9164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates In OB-GYN Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2013

Transaction ID : T57655

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Bradford Harold Woodall

Mailing Address 3688 Dawn Dr

City	State	Zip Code
Hamilton	OH	45011-5157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nuray Radiologists Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2013

Transaction ID : T57596

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. David Lee Woodruff

Mailing Address 10000 Columbus Grove Rd

City	State	Zip Code
Bluffton	OH	45817-9595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pandora Family Physicians Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2013

Transaction ID : T57625

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Donna Ailport Woodson

Mailing Address 1400 River Rd

City

Maumee

State

OH

Zip Code

43537-3552

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University Of Toledo Physicians -

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57617

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Lyn Ellen Yakubov

Mailing Address 634 Mohawk School Rd

City

Edinburg

State

PA

Zip Code

16116-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eye Care Associates Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57577

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Timothy I. Maglione

Mailing Address 2570 Onandaga Dr

City

Columbus

State

OH

Zip Code

43221-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State Medical Association

Occupation

Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57578

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 62
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Connie Mahle

Mailing Address 40 S Perry St Ste 100

City State Zip Code
Dayton OH 45402-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery County Medical Society

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2013

Transaction ID : T57613

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Douglas Gordon Finnie

Mailing Address 5147 Canterbury Dr

City State Zip Code
Powell OH 43065-7798

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCMG Big Run

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2013

Transaction ID : T57586

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Douglas Dale Fosselman

Mailing Address 1260 Autumn Park Ct

City State Zip Code
Westerville OH 43081-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Internal Medicine Consultant

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2013

Transaction ID : T57583

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Ramesh Chander Gupta

Mailing Address 5895 Batsford Dr

City

Dayton

State

OH

Zip Code

45459-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Valley Emergency Specialists

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57626

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Louis Luke Barich

Mailing Address 549 Main St

City

Hamilton

State

OH

Zip Code

45013-3273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louis Luke Barich MD Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57627

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Stephen Poll Bazeley

Mailing Address 16850 W River Rd

City

Bowling Green

State

OH

Zip Code

43402-9268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Waterville Family Physicians Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57591

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey George Bell

Mailing Address 66 W Campus View Blvd

City

Columbus

State

OH

Zip Code

43235-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Methodist Hospital

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2013

Transaction ID : T57588

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Denise Louise Bobovnyik

Mailing Address 3716 Tyler Dr

City

Canfield

State

OH

Zip Code

44406-8008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primary Care Specialists Inc

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2013

Transaction ID : T57593

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey Neil Boulter

Mailing Address 1860 Shawnee Rd

City

Lima

State

OH

Zip Code

45805-3853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Physician Services

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2013

Transaction ID : T57600

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James Allen Bryant

Mailing Address P O Box 521

City

Miamisburg

State

OH

Zip Code

45343-0521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Pediatrics Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57582

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Annette Marie Chavez

Mailing Address 3100 N Diamond Mill Rd

City

Trotwood

State

OH

Zip Code

45426-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carillon Family Practice

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57597

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Margaret M. Dunn

Mailing Address 152 E Limestone St

City

Yellow Springs

State

OH

Zip Code

45387-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State Physicians Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2013

Transaction ID : T57624

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City State Zip Code
 Fairlawn OH 44333-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Ophthalmology Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 06 / 2013

Transaction ID : T57612

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Louito Catherina Edje

Mailing Address 1399 Fort St

City State Zip Code
 Maumee OH 43537-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Toledo Hospital Residency Program - Fa

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2013

Transaction ID : T57643

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Donald Lauchlin McNeil

Mailing Address 2341 Lane Rd

City State Zip Code
 Columbus OH 43220-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Allergy Asthma & Immunology As

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2013

Transaction ID : T57636

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Suzanne Josafat Sampang

Mailing Address 3659 Herschel Ave

City State Zip Code
Cincinnati OH 45208-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Childrens Hospital Med Cent

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2013

Transaction ID : T57640

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Michael David Smith

Mailing Address 6970 Crystal Creek Dr

City State Zip Code
Brecksville OH 44141-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer
MetroHealth Medical Center

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2013

Transaction ID : T57637

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Philip Cecil Stiff Jr.

Mailing Address 2455 S Country Club Pkwy

City State Zip Code
Toledo OH 43614-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

P C Stiff Jr MD Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 07 / 2013

Transaction ID : T57633

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Paul Herbert Scheiwiller

Mailing Address 575 Honeysuckle Bnd

City State Zip Code
 Lima OH 45807-2293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Buckeye Anesthesia Services & Consulta

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 08 / 2013

Transaction ID : T57568

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Marvin Horton Rorick III

Mailing Address 8020 Peregrine Ln

City State Zip Code
 Cincinnati OH 45243-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverhills Neuroscience Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

04 / 08 / 2013

Transaction ID : T57620

Amount of Each Receipt this Period

100.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

c. Dr. Joseph Raymond Misson

Mailing Address 841 Yakima Trl

City State Zip Code
 Lima OH 45805-4187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Institute Of Ohio Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 08 / 2013

Transaction ID : T57570

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael Jay Wieser

Mailing Address 1385 Shoreview Dr

City

Lima

State

OH

Zip Code

45805-3684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Institute Of Ohio Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 08 / 2013

Transaction ID : T57569

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Donald Bruce Marshall

Mailing Address 7532 Scandinavia Dr

City

Maumee

State

OH

Zip Code

43537-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Donald Marshall, DO

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 08 / 2013

Transaction ID : T57573

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

c. Dr. Robert George Gurdak

Mailing Address 2958 Crown Pt

City

Cortland

State

OH

Zip Code

44410-9210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trumbull Pathology Associates Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 08 / 2013

Transaction ID : T57571

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Allen Harwood

Mailing Address 27 Patrician Dr

City

Norwalk

State

OH

Zip Code

44857-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer

New London Family Practice LLC

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 08 / 2013

Transaction ID : T57607

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. JoAnn Krivetzky

Mailing Address 5700 Beverly Ave NE

City

Canton

State

OH

Zip Code

44721-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Gynecology Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 08 / 2013

Transaction ID : T57611

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Paragon Womens Care Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

04 / 08 / 2013

Transaction ID : T57675

Amount of Each Receipt this Period

333.32

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.32

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Anthony Joseph Armstrong

Mailing Address 6045 Miakonda Trl

City
SylvaniaState
OHZip Code
43560-2244FEC ID number of contributing
federal political committee.

C

Name of Employer

Westfield OB/GYN Associates

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : T57629

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Richard Edward Cain

Mailing Address 4534 Pleasant Ridge Rd

City
MariettaState
OHZip Code
45750-7958FEC ID number of contributing
federal political committee.

C

Name of Employer

Marietta Health Care Physicians Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	3

Transaction ID : T57628

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Trace William Curry

Mailing Address 337 Tower Hill Rd

City
Fort ThomasState
KYZip Code
41075-1127FEC ID number of contributing
federal political committee.

C

Name of Employer

Clifton Surgical LLC

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

Transaction ID : T57787

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Alan Spencer Cordell

Mailing Address 6037 Countryhills Dr

City

Cincinnati

State

OH

Zip Code

45233-1731

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57795

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Michael William Dusing

Mailing Address 652 Braddock Ct

City

Edgewood

State

KY

Zip Code

41017-9696

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57803

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Mark G. Delworth

Mailing Address 428 Hidden Valley Ln

City

Cincinnati

State

OH

Zip Code

45215-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57799

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Shekar Dheenan

Mailing Address 8556 Twilight Tear Ln

City

State

Zip Code

Cincinnati

OH

45249-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Urology Group

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57812

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Douglas Edward Feeney

Mailing Address 8624 Old Stone Ct

City

State

Zip Code

Cincinnati

OH

45249-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Urology Group

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57811

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Kevin Giles Campbell

Mailing Address 1775 Deerhill Ln

City

State

Zip Code

Hamilton

OH

45013-9360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Urology Group

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57797

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Cirulli

Mailing Address 932 Rosewood Dr

City

Villa Hills

State

KY

Zip Code

41017-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57810

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Phillip Jay Buffington

Mailing Address 8560 Chaucer Pl

City

Cincinnati

State

OH

Zip Code

45249-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57800

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Karl Bruce Braun

Mailing Address 6613 Mariemont Ave

City

Cincinnati

State

OH

Zip Code

45227-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57792

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Aaron Lee Bey

Mailing Address 6147 Court Side Pl

City

Loveland

State

OH

Zip Code

45140-6973

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : T57802

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Eric Joseph Kuhn

Mailing Address 537 Hopper Hills Farm Rd

City

Cincinnati

State

OH

Zip Code

45255-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : T57788

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Richard Harkness Keys

Mailing Address 145 E Fountain Ave

City

Cincinnati

State

OH

Zip Code

45246-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : T57813

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gary Michael Kirsh

Mailing Address 9771 Carriage Run Cir

City State Zip Code
 Loveland OH 45140-5579

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : T57790

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Eric Orval Haaff

Mailing Address 5545 Kyles Ln

City State Zip Code
 Middletown OH 45044-9462

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : T57805

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. David Howard Krick

Mailing Address PO Box 42292

City State Zip Code
 Cincinnati OH 45242-0292

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : T57806

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David Charles Miller

Mailing Address 3101 Shadow Hill Rd

City State Zip Code
Middletown OH 45042-3635

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57791

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Mark Richard Howard

Mailing Address 12103 Sheraton Ln

City State Zip Code
Cincinnati OH 45246-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57789

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. James Douglas Williams

Mailing Address 303 Eden Ave Unit 5A

City State Zip Code
Bellevue KY 41073-1170

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : T57815

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Patrick Michael Wirtz

Mailing Address 5026 Leonard St

City State Zip Code
Cincinnati OH 45208-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : T57814

Amount of Each Receipt this Period

300.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Dirk Mitchell Wonnell

Mailing Address 5340 Miami Rd

City State Zip Code
Cincinnati OH 45243-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : T57809

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Cynthia Denese Westermann

Mailing Address 4017 Beechwood Ave

City State Zip Code
Cincinnati OH 45229-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Anderson

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : T57808

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Martin John Walsh

Mailing Address 616 Davinci Dr

City	State	Zip Code
Middletown	OH	45042-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : T57793

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey Warren Zipkin

Mailing Address 2690 Section Rd

City	State	Zip Code
Cincinnati	OH	45237-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : T57804

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Michael Blaise Rousseau

Mailing Address 9695 Davis Rd

City	State	Zip Code
Loveland	OH	45140-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : T57798

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Marc Jeffrey Pliskin

Mailing Address 2750 Turpin Knoll Ct

City

Cincinnati

State

OH

Zip Code

45244-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : T57801

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. B Robert Schwartz

Mailing Address 913 Paradrome St

City

Cincinnati

State

OH

Zip Code

45202-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : T57807

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Rebecca Anne Roedersheimer

Mailing Address 3166 N Farmcrest Dr

City

Cincinnati

State

OH

Zip Code

45213-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : T57796

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Scott Philip

Mailing Address 4549 Raynor Ct

City

Mason

State

OH

Zip Code

45040-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Outpatient Anesthesia Specialists

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : T57858

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Frank Robert Noyes

Mailing Address 9400 Cunningham Rd

City

Cincinnati

State

OH

Zip Code

45243-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cincinnati Sportsmedicine & Orthopaedi

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : T57816

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. William Michael McCullough Jr.

Mailing Address 139 Signature Dr S

City

Xenia

State

OH

Zip Code

45385-8901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oak Creek OB/GYN Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : T57817

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 62
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James Fredrick Davison III

Mailing Address 8460 Carolines Trl

City State Zip Code
Cincinnati OH 45242-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Urology Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 19 / 2013

Transaction ID : T57857

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Mubin I Syed

Mailing Address 3108 Henderson Ct

City State Zip Code
Springfield OH 45503-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dayton Interventional Radiology LLC

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 25 / 2013

Transaction ID : T57859

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey Mark P Siminovitch

Mailing Address 5 Longmeadow Ln

City State Zip Code
Beachwood OH 44122-7518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jeffrey M Siminovitch MD & Associates

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2013

Transaction ID : T57917

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jerry Irving Macher

Mailing Address 2688 Olentangy Dr

City

Akron

State

OH

Zip Code

44333-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eye Centers Of Ohio Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2013

Transaction ID : T57916

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Chandra Yvette Gravely

Mailing Address 11825 Quarterhorse Ct

City

Cincinnati

State

OH

Zip Code

45249-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crescent Womens Medical Group Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 02 / 2013

Transaction ID : T57927

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Siva Ramaiah Vemana

Mailing Address 420 Aberfelda Dr

City

Springfield

State

OH

Zip Code

45504-3981

FEC ID number of contributing
federal political committee.

C

Name of Employer

Siva R Vemana MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 02 / 2013

Transaction ID : T57920

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

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TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Joseph Michael Restivo

Mailing Address 137 Lethbridge Cir

City State Zip Code
Copley OH 44321-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Ohio Cardiovascular Speciali

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : T57987

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Carl Augustine Minning Jr.

Mailing Address 888 Eastward Cir

City State Zip Code
Zanesville OH 43701-1554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eye Surgery Associates Of Zanesville I

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2013

Transaction ID : T57988

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. David Edward Seals

Mailing Address 1911 S Cleveland Massillon Rd

City State Zip Code
Akron OH 44321-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wooster Obstetrics & Gynecology Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2013

Transaction ID : T57990

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 62
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City	State	Zip Code
Urbana	OH	43078-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Physicians Of Urbana IncOccupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2013

Transaction ID : T231517-2

Amount of Each Receipt this Period

111.11

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Emmett E. O'Neal

Mailing Address 1047 Lenox Pl

City	State	Zip Code
Cincinnati	OH	45229-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Urology IncOccupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2013

Transaction ID : T58006

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City	State	Zip Code
Ottawa Hills	OH	43615-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer
ProMedica Physicians GroupOccupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2013

Transaction ID : T231524-2

Amount of Each Receipt this Period

111.11

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

472.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Binod Kumar Thakur

Mailing Address 9308 Tranquil Breeze Ln

City State Zip Code
 Sylvania OH 43560-9836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Clinic Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2013

Transaction ID : T58003

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City State Zip Code
 Kettering OH 45429-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Paragon Womens Care Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 15 / 2013

Transaction ID : T231514-1

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Stephen Dunn Helper

Mailing Address 6155 Penfield Ln

City State Zip Code
 Solon OH 44139-5940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stephen D Helper MD Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2013

Transaction ID : T58001

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

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583.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Roger Matthew Schantz

Mailing Address 1096 Red Bird Rd

City

Loveland

State

OH

Zip Code

45140-7163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group Practice Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 23 / 2013

Transaction ID : T58002

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Mary Jo Jacobson Kerns

Mailing Address 363 Westland Ave

City

Columbus

State

OH

Zip Code

43209-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatologists Of Greater Columbus

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 30 / 2013

Transaction ID : T58018

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Michael Gregory Leadbetter

Mailing Address 7410 Ayers Rd

City

Cincinnati

State

OH

Zip Code

45255-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Group Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

Transaction ID : T58030

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Karen Mihalik-Potoczak

Mailing Address 32428 Nottingham Dr

City

Avon Lake

State

OH

Zip Code

44012-2192

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Coast OB/GYN & North Coast Laser

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

Transaction ID : T58024

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Rodney Alan Miller

Mailing Address 8739 Private Road 343

City

Millersburg

State

OH

Zip Code

44654-8494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wooster Orthopaedics & Sports Medicine

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : T58031

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. William Darrell Smucker

Mailing Address P O Box 228

City

Westfield Center

State

OH

Zip Code

44251-0228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Continuum Care Consultants

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : T58037

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Pallavy Gopal Reddy

Mailing Address 5940 Tarrin Ct

City State Zip Code
Dublin OH 43016-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diabetes & Endocrinology Center Of Ohi

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : T58038

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. David Terrence Applegate II

Mailing Address 945 Walker Woods Ln

City State Zip Code
Marysville OH 43040-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marysville Primary Care

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2013

Transaction ID : T58039

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. James Lester Sechler

Mailing Address 2888 Alvord Pl

City State Zip Code
Pepper Pike OH 44124-4702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Clinic Inc

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2013

Transaction ID : T58042

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 62
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lawrence J Singerman

Mailing Address 100 Mountain View Dr

City State Zip Code
 Moreland Hills OH 44022-2062

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retina Associates Of Cleveland Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2013

Transaction ID : T58052

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City State Zip Code
 Urbana OH 43078-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Family Physicians Of Urbana Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

06 / 17 / 2013

Transaction ID : T231805-3

Amount of Each Receipt this Period

111.11

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Patrick Raul Waters

Mailing Address 4307 Walnut Creek Ln

City State Zip Code
 Sandusky OH 44870-7345

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Executive Urology Inc

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 17 / 2013

Transaction ID : T58054

Amount of Each Receipt this Period

350.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

711.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City

Ottawa Hills

State

OH

Zip Code

43615-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica Physicians Group

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

06 / 17 / 2013

Transaction ID : T231812-3

Amount of Each Receipt this Period

111.11

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City

Kettering

State

OH

Zip Code

45429-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Paragon Womens Care Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 17 / 2013

Transaction ID : T231802-2

Amount of Each Receipt this Period

83.33

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Raymond Louis Horwood

Mailing Address 1575 Balmoral Way

City

Westlake

State

OH

Zip Code

44145-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : T58064

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

694.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jean-Claude M Tabet

Mailing Address 7406 Arlington Ave NW

City
Massillon

State
OH

Zip Code
44646-9379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jean-Claude Tabet MD

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2013

Transaction ID : T58062

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Robert Sievers Lenobel

Mailing Address 8030 Peregrine Ln

City
Cincinnati

State
OH

Zip Code
45243-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Professional Radiology Inc

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2013

Transaction ID : T58099

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

45644.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing
federal political committee.

C

Name of Employer

JP Morgan Chase Bank

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.94

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : T58072

Amount of Each Receipt this Period

20.69

A Credit to the Federal Account

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing
federal political committee.

C

Name of Employer

JP Morgan Chase Bank

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96.64

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2013

Transaction ID : T58073

Amount of Each Receipt this Period

20.70

A Credit to the Federal Account

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase Bank

Mailing Address P O Box 710634

City

Columbus

State

OH

Zip Code

43240-0634

FEC ID number of contributing
federal political committee.

C

Name of Employer

JP Morgan Chase Bank

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

116.84

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2013

Transaction ID : T58134

Amount of Each Receipt this Period

20.20

A Credit to the Federal Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61.59

61.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For SearsMailing Address Kevin Gilmore, Treasurer
6711 Monroe St Bldg 3 Ste D

City Sylvania State OH Zip Code 43560-1993

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2013

Transaction ID : A2305644

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Senator CafaroMailing Address Ronald Silvestri, Treasurer
600 Warner Rd

City Hubbard State OH Zip Code 44425-2729

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2013

Transaction ID : A2305646

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. People For Shirley SmithMailing Address Carolyn Evans, Treasurer
13901 Woodworth Ave

City Cleveland State OH Zip Code 44112-1919

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2013

Transaction ID : A2305645

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Republican Senate Campaign CommitteeMailing Address J Matthew Yuskewich, Treasurer
4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2013

Transaction ID : A2305642

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends Of FaberMailing Address Dale Schwieterman, Treasurer
7706 State Rte 703

City Celina State OH Zip Code 45822-2923

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2013

Transaction ID : A2305643

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kasich Taylor For OhioMailing Address Bradley K Sinnott, Treasurer
14 E Gay St 2nd Fl

City Columbus State OH Zip Code 43215-3182

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	12	/	2013

Transaction ID : A2305641

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Ohio State Medical Association Political Action Committee

350.00

500.00

350.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

Ohio State Medical Association Political Action Committee

Category/
Type

500.00

PRIMARY 2016



Three 16x16 LED displays are shown, each displaying a number. The first display shows '04', the second shows '18', and the third shows '2013'. Each display has a 4x4 grid of LEDs, with some LEDs lit to form the digits.

Category/
Type

500.00

PRIMARY 2014

04 / 18 / 2013

Category/
Type

350.00

PRIMARY 2014



**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Elect Joe Uecker

Mailing Address 298 Indianview Dr

City	State	Zip Code
Loveland	OH	45140-7528

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Transaction ID : A2307112

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Oelslager For Ohio CommitteeMailing Address Christine Holder Treasurer
6706 Cable Lake Ave NW

City	State	Zip Code
North Canton	OH	44720

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Transaction ID : A2307114

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends Of John Eklund

Mailing Address 12040 Burlington Glen Dr

City	State	Zip Code
Chardon	OH	44024-8453

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Transaction ID : A2307113

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Johnson For State RepresentativeMailing Address Klara Reynolds, Treasurer
74A McDaniel RdCity State Zip Code
Mc Dermott OH 45652-8962Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Transaction ID : A2318917

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens For Perales

Mailing Address 2766 Chatham Ct

City State Zip Code
Beavercreek OH 45431-8587Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Transaction ID : A2317776

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. Citizens For Stephanie Kunze

Mailing Address 865 Macon Alley

City State Zip Code
Columbus OH 43206-2652Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : A2318282

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1470.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Stinziano

Mailing Address 550 E Walnut St

City
ColumbusState
OHZip Code
43215-5323Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : A2318283

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Citizens For Amstutz

Mailing Address 4456 Woodlake Trl

City
WoosterState
OHZip Code
44691-8582Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : A2318277

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Batchelder For Representative Committee

Mailing Address 4086 Irvine Oval

City
MedinaState
OHZip Code
44256-9069Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : A2318285

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3250.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Tom Patton

Mailing Address 17157 Rabbit Run Dr

City	State	Zip Code
Strongsville	OH	44136-6243

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : A2318286

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Terry Johnson For State RepresentativeMailing Address Klara Reynolds, Treasurer
74A McDaniel Rd

City	State	Zip Code
Mc Dermott	OH	45652-8962

Purpose of Disbursement
InKind Statement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

Transaction ID : A2318660

Amount of Each Disbursement this Period

2539.13

Full Name (Last, First, Middle Initial)

C. Citizens For Gardner CommitteeMailing Address Michael R. Sibbersen, Treasurer
431 N Prospect St

City	State	Zip Code
Bowling Green	OH	43402-2022

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2013

Transaction ID : A2318288

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3389.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Hottinger

Mailing Address 894 Jonathan Ln

City Newark	State OH	Zip Code 43055-1714
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Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : A2318913

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Friends Of FaberMailing Address Dale Schwieterman, Treasurer
7706 State Rte 703

City Celina	State OH	Zip Code 45822-2923
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Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : A2318914

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Republican Senate Campaign CommitteeMailing Address J Matthew Yuskewich, Treasurer
4679 Winterset Dr

City Columbus	State OH	Zip Code 43220-8113
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Purpose of Disbursement
State Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : A2318916

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

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	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

Ohio State Medical Association Political Action Committee

05 / 29 / 2013

350.00

State: District: PRIMARY 2014

MM / DD / YYYY

250.00

State: District: PRIMARY 2014

500.00

State: District: PRIMARY 2014

1100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For SearsMailing Address Kevin Gilmore, Treasurer
6711 Monroe St Bldg 3 Ste D

City Sylvania State OH Zip Code 43560-1993

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

Transaction ID : A2322925

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Friends Of Margy Conditt

Mailing Address 6959 Rock Springs Dr

City Liberty Twp State OH Zip Code 45011-9376

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

Transaction ID : A2322927

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. Keep Kearney In The SenateMailing Address Gary F Benjamin, Treasurer
340 E Fulton St

City Columbus State OH Zip Code 43215-5418

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

Transaction ID : A2330958

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Kris JordanMailing Address Patrick Grubbe, Treasurer
7740 Marysville Rd

City Ostrander State OH Zip Code 43061-9703

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

Transaction ID : A2330955

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Butler For OhioMailing Address Bryan Michel Treasurer
707 Miamisburg-Centerville Rd Ste

City Centerville State OH Zip Code 45459-6522

Purpose of Disbursement
State Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

Transaction ID : A2330945

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

29359.13
